



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.mass.gov/dpl
617-727-9940

Cosmetology Salon Opening Guidelines

**** A completed application must include all of the following:**

Step 1: Prepare Floor Plan:

2 copies of a floor plan must include the entire layout of the salon (8.5" X 11" Only). It does not have to be professionally prepared it may be hand drawn using circles and squares as symbols to indicate rooms/equipment, front door/backdoor, bathroom location and salon set-up. **Every room must be labeled** with its specific intended purpose (ie 'treatment room' is not specific enough). The floor plan must have the following:

- Owner's name & 2 phone numbers where you can be contacted
- Name and address of salon (must be the street address, it cannot be a P.O. Box)
- Anticipated Opening Date

** Please note that only skin, hair and nail services will be licensed.*

**Every full service salon (type 1) must have a manicuring table.*

Step 2: Complete enclosed application:

- Original and **one copy** of completed application
- Money order (no checks accepted) for \$113.00 made payable to: Commonwealth of Massachusetts.
Application fees are non-refundable. All money orders must be signed and dated.
- 2x2 photo of each owner (must be original photo(s), no copies will be accepted)
- Copy of each owners drivers license or photo ID (originals must be present at the time of inspection)
- Copy of **cosmetology managers** (if not owner) drivers license or photo ID and current Cosmetology license (originals must be present at the time of inspection)
- Copy of all employees cosmetology licenses
- Copy of the Business Certificate from the city or town where the salon is located and in the name of applicant requesting this license.
- Copy of Occupancy Permit from the city or town where salon is located.
- Completed 'plumbing and electrical' forms if work has been done.
 - If no work has been done then the "no work required" form must be completed by applicant.
- If business is incorporated, submit a copy of the Articles of Incorporation, if partnership a copy of partnership agreement or LLCs.

Step 3: Mail completed application and floor plans: to above address at Attention: New Salon

Step 4: What you need the day of inspection: Originals must be present at time of inspection.

- Owners drivers license or photo ID
- Managers (if not owner) drivers license or photo ID and current Cosmetology license
- Current copy of the Board of Cosmetology Rules and Regulations available at www.mass.gov/dpl or 617-727-2834

Step 5: At the time of Inspection:

The Investigator will ask for all of the above information, if all paperwork is in order; the Investigator will provide you with a copy of the inspection report and will date stamp your approved floor plan, this floor plan must be displayed at all times.

No salon/shop is allowed to open without an inspection

***All incomplete applications will be returned and will delay shop opening.**

**MASSACHUSETTS BOARD OF REGISTRATION OF COSMETOLOGY
POLICY BULLETIN REGARDING SALON NAMES**

The Board of Registration of Cosmetology voted at its meeting on December 13, 2005, to adopt the following policy guidelines. These policy guidelines are intended as a recommended protocol for the profession to follow. The Board utilizes these and other guidelines as an internal management tool in formulating decisions that relate to the cosmetology industry.

Policy No. 06-01

Purpose: To advise applicants for new shop licenses not to use misleading language in their salon names.

Policy: **SALON NAMES SHALL NOT MISLEAD THE PUBLIC INTO BELIEVING THAT COSMETOLOGY SERVICES HAVE A HEALING OR MEDICAL BENEFIT FOR CONSUMERS. TERMS SUCH AS, “HEALING,” “MEDICAL,” “MED,” “CLINICAL” OR “WELLNESS” ETC., SUGGEST THAT COSMETOLOGY SERVICES PROVIDE A MEDICAL OR HEALING BENEFIT AND THEREFORE ARE PROHIBITED.**

Discussion: Section 3.04(1) of the Board of Registration of Cosmetology’s regulations, 240 C.M.R. 3.04(1), prohibits salons from “using any advertising which is misleading or inaccurate.” Terms such as: “healing,” “medical,” “med,” “clinical,” or “wellness” etc. indicate that cosmetology services provide a medical or healing benefit to consumers and thus mislead the public. Accordingly, the Board prohibits the use of these and other misleading medical terms in the advertisements of cosmetology services. Salon names constitute a form of advertisement. Consequently, the Board will not approve a cosmetology, aesthetic or manicuring salon name that contains terms, such as “healing,” “medical,” “med,” “clinical” or “wellness,” etc., which indicate that cosmetology services have a medical or healing benefit to consumers.

Policy No. 06-02

Purpose: To advise applicants for new shop licenses not to use discriminatory language in their salon names.

Policy: **THE BOARD STRONGLY RECOMMENDS THAT SALONS DO NOT USE ETHNIC-SPECIFIC, GENDER-SPECIFIC, OR AGE-SPECIFIC TERMS IN THEIR SALON NAMES.**

Discussion: The Massachusetts Public Accommodations Act, G.L. c. 272, §§ 92A and 98, prohibits service establishments, such as cosmetology salons, from differentiating between individuals on the basis of race, color, religious creed, national origin, sex, disability or sexual orientation. The Board mandates that all licensees comply with the Public Accommodations Act, G.L. c. 272, §§ 92A and 98. Any act of discrimination in violation of that Act or any other applicable law or regulation is prohibited. The use of gender-specific or ethnic-specific terms in business names implies that the business potentially excludes others and thus raises concern under the Public Accommodations law.

For this reason, the Board strongly recommends that licensees do not use gender-specific, ethnic-specific, or even age-specific terms in their salon names. Salons with such terms in their business name will be required to comply with additional signage requirements to dispel any inference of discrimination.

Booth Renter Instructions

A **Booth Renter (Type 4)** is a person who owns a salon and rents space/chair to other licensees. All Booth Rental Salons (type 4) must have a manager level cosmetology license.

A **Booth Renter (Type 2)** is a person who rents space/chair in a Type 4 Salon.

If you want to rent space in a salon you must have the following current license.

- *Cosmetologist must have a Type 1 Registered Cosmetologist License

- *Aesthetician must have a Type 6 Aesthetic License or

- *Manicurist must have a Type 3 manicurist license.

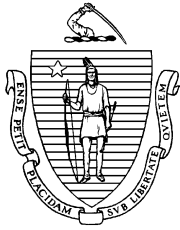
To apply for a **Booth Shop (Type 2)** a new salon application must be filed. This application should be filled out with the information of the person renting specific space/chair. Your space will be licensed separate from the full salon. (Example: Jessica @ Hair We R.)

If the Booth Renters (Type 4) License is not current then an application for a Booth Shop (Type 2) license will be denied. Please enclose a copy of the Type 4 license.

A Few Notes:

****No shop license (booth renter or booth shop) is transferable. If you move locations you must submit new applications for new licenses at the new location. If you close the shop or decide not to rent space any longer you must return the original license to the Board of Cosmetology with a notice that the shop is now closed.

**** Your shop license DOES NOT cover your personal license. The shop license only covers the salon. You must keep both your personal license and your shop license current AT ALL TIMES. This is the same no matter what type of shop license you hold.



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BOARD USE ONLY

Investigator: _____

Date of Inspection: _____

Please attach one recent
2"X 2"

Received By: _____

License Number: _____

passport photograph here

Type Class: _____

Cosmetology New Shop Application

Type of Shop applying for (See rules and regulations for full descriptions of type classes):

☐ **New Shop (not previously a salon):**

☐ **Change of Salon Type:**

☐ Type 1 - Cosmetology (full service)

☐ Type 2 - Booth Shop (**renter of chair**, application should be completed in your name)

☐ Type 3 - Manicure Only

☐ Type 4 - Booth Renter (owner of entire salon)

☐ Type 5 - Aesthetic Salon

☐ **Change of Owner (was previously a salon):**

Is previous owners license attached? Yes No If no, list the name and license # of the previous owner: _____

☐ **Change of Address:** List old address: _____

Below to be answered and signed by person requesting license:

Name of Applicant: _____

Last

First

Middle

Name, License number and expiration date of Cosmetology Manager: (Type 1, Type 6 or Type 3)

Address of Salon: _____

No.

Street

P.O. Box

City/Town

State

Zip Code

Salon Name: _____

Telephone Number-Day: _____ **Evening:** _____

Social Security and/or F.I.D #: _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Location of Shop: ☐ Store

☐ Residence

☐ Office Building

☐ Mall

If Salon is:

☐Individually Owned

☐Partnership - List the partners: _____

Note: If salon owned by a partnership be sure to have all partners sign below and attach the Partnership agreement.

☐Incorporated (enclose Articles of Corporation) State where the salon is incorporated: _____

Note: If salon is incorporated be sure to have three directors sign below and attach the corporate seal and a copy of the Articles of Incorporation.

☐Corporation What is the name if different than the salon name? _____

List the officers: _____

How many operators are employed? _____ Attach a copy of their licenses.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **Yes:** ☐ **No:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?

Yes: ☐ **No:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Salon owner or manager must notify the Board of Cosmetology, thirty days prior, of any change in ownership or location. Licenses are not transferable. No business of any kind shall be conducted in any approved salon other than the practice of Beauty Culture or the sale of Cosmetics.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

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Date

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Plumbing Inspection Form

INSTRUCTIONS: This form should be completed only if plumbing work has been done in the salon after purchase.

Date: _____

This is to certify that I am a **Plumbing** Inspector in the State of Massachusetts, and that the plumbing alterations or installations for

Name of Salon Applicant

No. _____ Street _____ City _____

is in accordance with the specifications of the plumbing ordinances of the city or town of

Name of City or Town Where Shop is Located

and the Commonwealth of Massachusetts.

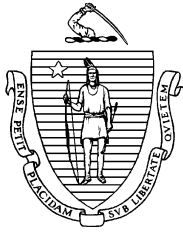
Name of Plumbing Contractor _____

License # _____

Exp. Date _____

Address _____
No. Street City/Town

Signed: _____
Plumbing Inspector License # Exp. Date



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Electrical Inspection Form

INSTRUCTIONS: This form should be completed only if electrical work has been done in the salon after purchase.

Date: _____

This is to certify that I made such additions and corrections to the **electrical wiring and electrical fixtures** used for lights, heat, and power in the premises located at:

Street Number *Street Name*

City *State*

and occupies _____
Name of Salon Applicant

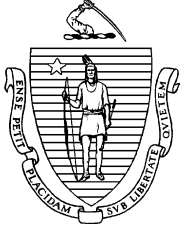
as were necessary to make the same comply with the Rules & Regulations of the Board of Fire Prevention Regulations of the Department of Public Safety as adapted pursuant to the Provisions of Sections 3L of Chapter 143 of the General Laws (inserted St. 1950, c617)

Name of Electrical Contractor _____
Address _____

Holder of Master Electrician License # _____
Signature

Holder of Journeyman Electrician License # _____
Signature

Signed: _____
Electrical Inspector *License #* *Exp. Date*



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INSTRUCTIONS: This form should be completed only if no plumbing and/or no electrical work has been done in the salon after purchase.

No Work Required Form

Circle all that apply:

No Plumbing work done

No Electrical work done

Date: _____

This is to Certify that all electrical and/or plumbing work on these premises complies with the rules and regulations of local and state electrical and plumbing codes. There have been no changes in electrical and or plumbing. No changes will take place without first notifying the Board of Cosmetology and proper forms are obtained and completed.

NAME OF SALON

NAME OF SALON APPLICANT

ADDRESS OF SALON

TELEPHONE NUMBER

SIGNATURE OF SALON APPLICANT